				PTO/SB/22 (07-06
	PETITION FOR EXTENSION OF TO UNDER 37 CFR 1.136(a)	IME	Attorney Docket No.:	
	FY 2006			
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Application No.: 10/814,475			Filed March 30, 2004	
For: SYSTEM FOR CONTROLLING CONNECTION OF DISK DEVICES			Confirmation No.: 7769	
Art Unit: 2185			Examiner: Samuel A. Dillon	
	is a request under the provisions of 37 CFR 1.136 cation.	(a) to extend the peri	od for filing a reply in	the above identified
The r	requested extension and fee are as follows (check	time period desired	and enter the appropr	iate fee below):
		Fee	Small Entity Fee	
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
	Applicant claims small entity status. See 37 CFR 1.27.			
	A check in the amount of the fee is enclosed.			
The Director has already been authorized to charge fees in this application to a Deposit Account The Director is hereby authorized to charge any fees which may be required, or credit any over				count.
				overpayment, to
Deposit Account Number <u>20-1430</u> . WARNING: Information on this form may become public. Credit card information should not be included on this form.				
	Provide credit card information and authorization on P	TO-2038.	and the second	iou on uno tornii
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I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registration Number <u>57,291</u>				
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34				
		\rightarrow		
- Hand			May 17, 2007	
	Signature		Da	ate
	John J. Farrell, Reg. No. 57,291		206.467.9600	
	Typed or printed name		Telephon	e Number
NOTE:	Signatures of all the inventors or assignees of record of the entirenature is required, see below.	e interest or their represen	tative(s) are required. Subr	nit multiple forms if more than
_		L lea d		
	l'otal of forms are su	omitted.		